

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

*Request of reinstatement
for Class C Charter
Cert.*

226435
226438
BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET 2010-272-T
NUMBER: 2009-113-T

) If this is your first time filing an application with the PSC, you will not
) have a Docket Number. The Commission will assign one to you. If you
) have filed with the Commission before, a Docket Number was assigned
) and should be entered above.

(Please type or print)

Submitted by: Tom Martin
Address: 3513 Arrowhead Blvd
MB, SC 29579

Telephone: (631) 826-1979
Fax: _____
Other: _____
Email: _____

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input checked="" type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

RECEIVED
OCT 14 2010
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

CLASS C REINSTATEMENT FORM

File the original with:

Public Service Commission of South Carolina
Clerk's Office
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896 - 5100
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

DATE: 10/14/10

Please consider this an application for Reinstatement of my:

- ☐ Taxi Certificate Number _____
- ☒ Charter Certificate Number 8096
- ☐ Charter Bus Certificate Number _____
- ☐ Non-Emergency Certificate Number _____

My certificate was revoked/cancelled on 10/7/10 because we fail to
(DATE)

pay local RV fees for last half year 2010

I am seeking reinstatement because we are now prepared to
register a vehicle under charter and pay
fees

Tom Martin DBA Tom's Taxi
(Name of Company) (if applicable)

3513 Arrowhead Blvd.
(Street Address) (Mailing Address if different from Street Address)

Myrtle Beach, SC 29579 Thomas Martin
(City, State, Zip Code) (Signature)

(631) 820-1979 owner
(Telephone Number) (Title) Owner, President, etc.